

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-20-03.

I. DISPUTE

Whether there should be reimbursement for office visits coded 99213.

II. FINDINGS

1. The requestor billed \$230.00 for the disputed office visits.
2. The respondent paid \$0.00 based upon "D – These services have already been considered for reimbursement."
3. Total amount in dispute per TWCC-60 is \$96.00.
4. The insurance carrier submitted a timely response to the request for medical dispute resolution. The response did not contain a position regarding the dispute, other than EOB denial.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
6-27-02 7-24-02	99213	\$115.00	\$0.00	D	\$48.00	CPT code descriptor	Office visit reports support billed service per MFG. Original EOBs were not submitted; therefore, service was reviewed per MFG. Payment of \$96.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 99213 in the amount of **\$ 96.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$96.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 28th day of May 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division